

OHA - Drinking Water Program - Turbidity Monitoring Report Form County:COOS Conventional or Direct Filtration

System Name: MYRTLE POINT, CITY OF ID:OR4100551 WTP:-WTP-A Month/Year: January 2024

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1	---	---	---	---	---	---	---
2	----	----	----	0.03	0.03	----	0.03
3	----	----	0.03	0.02	0.02	----	0.03
4	----	----	0.02	0.02	----	----	0.02
5	----	----	0.02	0.03	0.02	----	0.03
6	----	----	0.02	0.03	0.03	----	0.03
7	----	----	----	----	----	----	----
8	----	----	0.03	----	0.03	----	0.03
9	----	----	0.02	0.07	0.04	----	0.07
10	----	----	0.02	0.03	0.03	----	0.03
11	----	----	----	0.04	0.04	----	0.04
12	----	----	0.03	0.03	0.03	----	0.03
13	----	----	----	----	----	----	----
14	----	----	----	----	----	----	----
15	----	----	----	0.05	0.03	----	0.05
16	----	----	0.03	0.04	0.03	----	0.04
17	----	----	0.04	0.09	0.04	----	0.09
18	----	----	0.02	0.02	0.02	----	0.02
19	----	----	----	0.03	0.03	----	0.03
20	----	----	----	----	----	----	----
21	----	----	----	----	----	----	----
22	----	----	0.03	0.03	0.03	----	0.03
23	----	----	0.03	0.02	0.02	----	0.03
24	----	----	0.03	0.03	0.03	----	0.03
25	----	----	0.04	0.04	0.03	----	0.04
26	----	----	0.03	0.03	0.03	----	0.03
27	----	----	----	----	----	----	----
28	----	----	----	----	----	----	----
29	----	----	0.03	0.03	0.03	----	0.03
30	----	----	0.03	0.03	0.03	----	0.03
31	----	----	0.03	0.03	0.03	----	0.03

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of the 4 hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All the 4 hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No ²		
Notes:	PRINTED NAME: <i>Ryan A. Sherman</i>	
	SIGNATURE: <i>Ryan A. Sherman</i>	DATE: February 1, 2024
	PHONE #: (541) 572-2589	CERT #: 9184

¹ Including continuous data, if applicable, for optimizing recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum.

² IFE=Individual Filter Effluent (OAR 333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

MYRTLE POINT, CITY OF ID #: OR4100551 WTP-: WTP-A Month/Year: January 2024 Required Log Inactivation: 1

Date / Time	Min. Cl ₂ Residual At 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/l]	[minutes]	C x T	[° C]	S.U.	Formula	Yes / No	[GPM]
1 / 11 AM	----	----	----	----	----	----	----	----
2 / 11 AM	1.2	105	122	10.0	8.7	72	Yes	850
3 / 11 AM	1.3	105	132	9.4	8.5	72	Yes	850
4 / 11 AM	1.3	105	138	11.1	8.4	60	Yes	850
5 / 11 AM	1.4	105	144	10.6	8.3	62	Yes	850
6 / 11 AM	1.4	105	146	11.1	8.4	61	Yes	850
7 / 11 AM	----	----	----	----	----	----	----	----
8 / 11 AM	1.4	105	143	10.6	8.4	64	Yes	850
9 / 11 AM	1.6	105	164	10.0	8.4	67	Yes	850
10 / 11 AM	1.3	105	138	10.0	8.2	61	Yes	850
11 / 11 AM	1.3	105	138	10.0	7.9	55	Yes	850
12 / 11 AM	1.2	105	129	10.6	8.6	67	Yes	850
13 / 11 AM	----	----	----	----	----	----	----	----
14 / 11 AM	----	----	----	----	----	----	----	----
15 / 11 AM	1.2	105	128	10.0	8.5	67	Yes	850
16 / 11 AM	1.4	105	146	10.0	8.5	70	Yes	850
17 / 11 AM	1.4	105	149	10.0	8.5	69	Yes	850
18 / 11 AM	1.4	105	151	10.0	8.4	66	Yes	850
19 / 11 AM	1.3	105	135	10.0	8.4	67	Yes	850
20 / 11 AM	----	----	----	----	----	----	----	----
21 / 11 AM	----	----	----	----	----	----	----	----
22 / 11 AM	1.2	105	130	9.4	8.4	67	Yes	850
23 / 11 AM	1.3	105	132	9.4	8.4	69	Yes	850
24 / 11 AM	1.3	105	139	9.4	8.4	67	Yes	850
25 / 11 AM	1.5	105	153	9.4	8.4	70	Yes	850
26 / 11 AM	1.4	105	148	9.4	8.4	70	Yes	850
27 / 11 AM	----	----	----	----	----	----	----	----
28 / 11 AM	----	----	----	----	----	----	----	----
29 / 11 AM	1.2	105	128	8.9	8.2	64	Yes	850
30 / 11 AM	1.3	105	137	8.9	8.1	64	Yes	850
31 / 11 AM	1.3	105	131	8.9	8.1	64	Yes	850

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.

Revised February 2012